

INTEGRATING FAMILY INTO SUBSTANCE USE TREATMENT

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Integrating Family Systems into Substance Use Treatment

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Abstract

It is important to understand the powerful influence of loved ones in the recovery process. This influence can help encourage substance users to receive treatment, help them remain engaged in treatment, and allow those being treated to receive understanding from their loved ones they might not have received without this treatment component. Providing effective substance use treatment to families should take different aspects into consideration, including family dynamics, cultural aspects, and using the best treatment methods available. Treatment providers may not know how to incorporate social supports into specific treatment interventions. Providing information to providers and describing how to incorporate friends and family into an individual's treatment may enhance many substance use disorder treatment programs.

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Integrating Family into Substance Use Treatment

Family or other social support can be an essential part of successful outcomes during and after substance use disorder treatment (Copello, 2010; Denning, 2010). Some treatment modalities typically incorporate family and/or friends into substance use treatment for a short period of time, but it is often not used to its full potential. It is, however, essential to understand the powerful influence of loved ones in the recovery process (Platter & Kelley, 2012). This influence can help encourage substance users to receive treatment, help them remain engaged in treatment, and allow those being treated to receive an understanding from their loved ones they might not receive without this treatment component (Copello, 2010; Rowe, 2010). Other benefits may include fewer extended relapses and an ability to remain focused on obtaining long-term sobriety.

The lack of family integration into substance use disorder treatment might be due to treatment providers failing to understand how social influences can impact treatment outcomes (Platter & Kelley, 2012). Treatment providers may not know how to incorporate social supports into specific treatment interventions. Providing information to providers and describing how to incorporate friends and family into an individual's treatment may enhance many substance use disorder treatment programs.

Research Question

In the 1970s, the National Institute on Alcohol Abuse and Alcoholism provided to a report to the U.S. Congress stating that family and couples therapy was one of the greatest advances in treating alcoholism with psychotherapy (Ruff, McComb, Coker, & Sprenkle, 2010). Previous therapies typically focused on blaming the family for the drug or alcohol use; more recent therapies provide more attention to the extra stress caused by a loved one's use on the

family compared to past approaches (American Psychological Association, 2015). It therefore appears important to educate clients and their friends and family members about addiction and provide tools to help them cope with the changes they are experiencing during early sobriety (Bertrand et al., 2013; Copello, 2010; Denning, 2010; Ruff et al., 2010; Steinglass, 2009).

When working with substance use clients it is important to determine the appropriate level of care to ensure the client will be able to make progress throughout the treatment process. Many counselors use the American Society of Addiction Medicine (ASAM) dimensions to determine what level of care is appropriate for each client they work with (American Society of Addiction Medicine, n.d.). There six different areas in the ASAM dimensions, which provide a widespread understanding of the proper level of treatment for substance use disorders (American Society of Addiction Medicine, n.d.).

The first dimension focuses on withdrawal potential, including previous substance use history (American Society of Addiction Medicine, n.d.). The second dimension focuses on biomedical conditions and complications, which include any current and previous health conditions. The third dimension emphasizes any previous or current emotional, behavioral, cognitive conditions or complications. The fourth dimension focuses on an individual's willingness to change, which includes both internal and external motivators. The fifth dimension is concentrated on relapse potential, as well as persistent use. The sixth dimension centers on an individual's situation, which can include social support, living situation, and recovery environment. The recommendation for treatment is based on the client's assessed need or level of functioning each of these categories. The ASAM dimensions are used for adults, as well as youth (American Society of Addiction Medicine, n.d.).

An intensive outpatient program (IOP) is one common treatment option for individuals struggling with drug and alcohol use. IOP's offer a level of care that is between standard outpatient services and residential treatment programs. IOP's follow a structured program of support allowing clients to remain employed and in their normal living circumstances, while engaging in treatment for a minimum of nine hours per week in the initial stages (American Society of Addiction Medicine, n.d.; Mee-Lee et al., 2001). Typical interventions include group therapy, stress reduction, psycho-education on addiction and recovery, and methods to address old behaviors with family involvement. Providing families the opportunity to integrate into an IOP can allow families to learn more about addiction and learn to change behaviors within the family. Finding a way to open up the lines of communication between those with a substance use disorder and the family members and friends can help those close understand how the substance use has affected everyone. Communication can allow families and friends to find common ground with one another to assist in repairing relationships (Platter & Kelley, 2012).

Platter and Kelley (2012) state that providing psycho-education for family members in a group setting may reduce enabling behavior, which is behavior that allows a substance user to continue to use drugs or alcohol despite the disruption it might cause in the family. Reducing this behavior can increase effective coping among family members.

Substance use disorders are actually a systemic issue, meaning the disorder not only affects those with the disorder, but also close friends, family, and society (O'Farrell & Fals-Stewart, 2006). Families and supportive individuals who are able to provide a deeper understanding and source of support might be able to help those with substance use disorders maintain long-term sobriety. Therapeutic interventions such as behavioral couples therapy (BCT), which was established by O'Farrell and Fals-Stewart (2006), focuses sessions on

engagement by the couple to enhance recovery. Providing these tools can help families and other supportive individuals better understand what a loved one is going through and might allow them to provide more support. Incorporating families into existing treatments may allow for greater efficacy of care for patients with substance use disorders. This leads to the research question for this project, “How might integrating a family group into a substance use disorder intensive outpatient program help clients participating in treatment, and what family interventions support a client’s long term sobriety?”

Literature Review

Theoretical Framework

Since substance use can affect the family unit, it is important to incorporate a family theoretical framework when working with families during the treatment process. According to Steinglass (2009), Copello (2010) and Denning (2010), when families are supportive prior to the beginning of treatment, it can improve an individual’s engagement while in treatment. Continuing to include family and support systems throughout treatment might also improve retention, as well as increase positive long-term treatment outcomes (Steinglass, 2009). An individual’s behavior may be different based on the relationships they have in their lives. Systems theory states a system is established from family relationships, which means an individual’s behavior is partially a product of the family unit (Steinglass, 2009). When working with families, it is important to focus on the relationship patterns that exist among the family members (Nicholas, 2013); however, it can be difficult to see these patterns. Using the family systems approach, therapists focus on how the family organizes around the substance use and how the family functions, which includes the interactions among the family members (Fals-Stewart, Lam, & Kelley, 2009). Gaining knowledge about the individual attachment styles can

provide better understanding of the interactions between family members. Some families need to work through the losses that have occurred as a result of the substance use. The parents may grieve the idea they do not have a perfect family, while the user may feel a void when they stop using drugs and alcohol (Downs et al., 2015).

The systematic-motivational therapy (SMT) model focuses on the different interactions in a family system and on the relations between each family member, as well as their relationship with substance use as a unit (Steinglass, 2009). The therapist working with the family assumes a role similar to a researcher in their work with the clients. Information is collected to determine how the substance use affects the family life, what the beliefs are for why substance use is such a large part of family life, and seeks to find resources in the family system that may help resolve the issue of substance abuse (Steinglass, 2009).

The SMT approach is used to decide the needs of the entire family as a whole because the family is the focus of treatment (Steinglass, 2009). Through therapy, it is important to understand the family attitudes about substance abuse, as well as the presenting concerns bringing them into treatment. The entire family unit will decide in what way to best actively speak about how substance abuse is affecting the family unit (Steinglass, 2009).

The purpose of integrating family therapy into an individual's substance abuse treatment following the SMT approach is to determine how the substance use functions within the family. Understanding the function can help the family begin to change their behaviors and relationships to support the individual's decision to no longer use drugs or alcohol, instead of continuing to enable this destructive behavior (Fals-Stewart et al., 2009). The therapist works with the family to find the different benefits and negative consequences of changing the beliefs around substance use in the family unit, as well as changing the behaviors of the family by no longer focusing on

the substance user and their erratic behaviors, instead focusing on positive ways to improve the family (Steinglass, 2009). The family is considered to be the expert about their life in the SMT approach. The therapist works with the family from a non-judgmental position to help the family find ways to remove themselves from the negative family situation (Steinglass, 2009).

Therapists typically help the family learn new and different ways to start interacting with each other to maintain a sober life, which may also improve the functioning of family members and increase support within the family unit (Rowe, 2012). When working with the family, the therapist should be curious about the reasons that substance use became such a large part of the family system (Steinglass, 2009). As the family begins to postulate their ideas, the therapist can help the family start to think of ways to change their behaviors, which may change the substance use. The therapist uses empathy to establish a collaborative relationship with the family, facilitating the family is able to feel safe and comfortable exploring these ideas in a therapeutic setting (Steinglass, 2009).

Unlike other approaches, the family treatment model for substance abuse looks at ways to detoxify the entire family unit from all illicit substances. The purpose behind this intervention is to involve all the parts of the family to establish a family-level detoxification contract (Steinglass, 2009). The use of this contract allows the other family members to hold the substance abuser accountable by also abstaining from the use of drugs and alcohol, both in and outside of the home and specifically at family gatherings. The SMT approach focuses on the importance of the family unit by increasing the support within the family, as well as healing the family while keeping each other accountable, it is for these reasons that SMT is the theoretical framework for this project.

Substance Use Disorder

According to the *Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5)* (American Psychiatric Association, 2013), diagnostic criteria for individuals with a substance use disorder include a maladaptive pattern of behavior with cognitive, physical, and psychological features, with individuals continuing to use substances despite the harm caused by symptoms related to substance use. Individuals with substance use disorders frequently show an inability to stop use without support or intervention such as inpatient or outpatient treatment, support groups, medication assisted treatment, or hospitalization. These disorders present as spectrum disorders that range from mild, moderate, to severe, which means the amount and severity of these symptoms can vary, complicating diagnosis, acceptance, and willingness to engage in treatment. While those around an individual with a substance use disorder may want to help in the recovery process, a lack of information on methods may inhibit the ability to be effective in that effort.

In 2014, SAMHSA completed a National Survey on Drug Use and Health (NSDUH), which estimated around 20.2 million adults could have been diagnosed with a substance use disorder within the past year (SAMHSA, 2015). Individuals may be diagnosed if the use of drugs or alcohol is producing clinically significant impairment, which may include health issues, disabilities, and an inability to meet obligations at home, work, or school (SAMHSA, 2015). Among individuals in the United States over the age of 12, about 2.6 million suffered from issues with both drugs and alcohol, 4.5 million struggled with only drugs, and 14.4 million had issues with just alcohol (SAMHSA, 2015).

Substance use disorders are influenced by the culture, and an individual's culture can be an important part of their recovery process (Kelly, 2016). Regardless of the rates of a specific

population, these rates do not indicate that every individual from a particular population will have a substance use problem. Having knowledge about the prevalence rates among specific groups is important because it can be helpful to know the rate of substance use to help plan specific interventions for individuals from different groups. Overall European Americans have the highest rates of use of drugs and alcohol, including tobacco, than any other cultural group (Chia-Chen Chen, Gance-Cleveland, Kopak, Haas, & Gillmore, 2010). Alcohol use is highest among European Americans compared to Latin Americans and African Americans (Pacek, Malcom, & Martins, 2012). European Americans were also more likely than other populations to have a co-occurring disorder with marijuana use, with a major depressive disorder diagnosis the most common co-occurring disorder.

Not all populations in the United States are affected in the same way by substance use disorders. There are about 44.5 million African Americans in the United States, which is approximately 14.2% of the total population. The 2014 NSDUH found that the rate of illegal drug use within the last month among African American 12 years old or older was 12.4% compared to a national average of 10.2% (SAMHSA, 2015). However, the binge drinking rates for individuals in this age group was 21.6% compared to 23% nationally. Additionally, African Americans diagnosed with a mental health or substance use disorder within the last year was 3.8% compared to 3.3% nationally (SAMHSA, 2015).

Survey rates place the American Indian and Alaska Native population in the United States at about 5.2 million, or 1.7% of the population (SAMHSA, 2015). This group has the highest per capita rate of substance use and mental health disorders in the United States, with 14.9% of American Indian and Alaska Native peoples 12 years old or older reporting use of illegal drugs within the last month. However, alcohol use within the last month in 2014 was

lower at 21.9% compared to 22.8% nationally (SAMHSA, 2015). Binge drinking for underage users was 14.3% compared to 13.8% nationwide. American Indian and Alaskan Native peoples had the highest rate of drug-induced death in 2010 at 17.1% (SAMHSA, 2015). Around 8.8% of American Indian and Alaska Native individuals 18 years or older were diagnosed with a co-occurring disorder, a substance use disorder and mental health disorder, compared to the national average of 3.3% for these diagnoses (SAMHSA, 2015).

Around 18.2 million individuals in the United States are Asian Americans, and 1.4 million are Native Hawaiian or other Pacific Islanders. This is the fastest growing population in the United States (SAMHSA, 2015). Approximately 4.1% of Asian American people in the year 2014 used illegal drugs within the last month and 15.6% of Native Hawaiians or other Pacific Islanders used illegal drugs within the last month. Asian Americans 12 years old or older had a binge-drinking rate of 14.5%, while for other Pacific Islanders it was 18.3%. Underage binge drinking for Asian Americans was 6.7% compared to the national rate of 13.8% (SAMHSA, 2015).

About 16.7% of the population in the United States is made up of Hispanic or Latinos, which totals around 52 million individuals (SAMHSA, 2015). In the year 2050, it is estimated that this population will make up about 30% of the United States population. Illegal drug use was approximately 8.9% among Hispanic individuals 12 years old or older, which was 10.2% nationally (SAMHSA, 2015). Binge drinking in this population was 24.7% with underage drinking making up 23.9%. Hispanic and Latinos were diagnosed with a co-occurring disorder overall at 3.3% of the population (SAMHSA, 2015).

Culturally Attuned Interventions

Family centered care looks at ways to strengthen the family influence over each of the members. It also takes the client's cultural background and beliefs into consideration, and accesses the family's strengths (Chia-Chen Chen et al., 2010). Communities that are more collective in nature could potentially benefit from family centered care. American Indians, Alaskan Natives and First Nations People could benefit from family integration for substance abuse treatment because it incorporates the entire family unit in a way that highlights the strengths of the extended family (Munro & Allan, 2011).

Drum Assisted Recovery Therapy is a therapeutic intervention that can be completed in a group setting and can be part of family centered care. Talking circles are a group therapy intervention that can be used when working with American Indians, Alaskan Native, or First Nations People (Morgan & Freeman, 2009). This treatment method includes several different interventions including the use of drumming, talking circles, the 12-steps used in Alcoholics Anonymous and Narcotics Anonymous, and The Medicine Wheel and 12 Step program (Dickerson et al., 2014). These interventions may be used to help group members respond to many different struggles including recovering from drugs and alcohol. For example, members of the talking circle can learn and share their experiences with elders as well as group members, which can include the incorporation of family (Morgan & Freeman, 2009).

Gender and Substance Use

Both males and females suffer from substance use disorders; however, men are more likely than women to use drugs and/or alcohol. Men have a greater chance of becoming addicted to substances, while women are more likely to struggle with cravings and relapse (National Institute on Drug Abuse [NIDA], 2015). Women typically have more traumatic experiences

during their lifetime, which can contribute to their substance use (NIDA, 2015; SAMHS, 2016). Men frequently use more alcohol than women, except during adolescences when it appears to be equal (NIDA, 2015). Women who use alcohol typically have more health issues than men, which include death and suicide (NIDA, 2015; SAMHSA, 2016). The way women metabolize alcohol typically results in a higher blood alcohol content than men when drinking the same amount (NIDA, 2015; SAMHSA, 2016). Women use drugs differently than men, which causes them to react differently to the substances used; this may cause unusual hindrances that prevent them from receiving treatment needed for substance use disorders (NIDA, 2015). Males are more likely to use marijuana than women. These individuals are very likely to have mental health issues due to their marijuana use. Marijuana addiction in women usually occurs faster than men, but the addiction men have to marijuana is usually more severe (NIDA, 2015).

Codependency

Co-dependency, a disorder many believe the friends and family members of those with substance use disorders often develop, can complicate treatment. Denning (2010) and Kelly (2016), define the symptoms of co-dependency as evident when an individual's entire identity and self-esteem depend on the health of the individual with the substance use disorder, which can cause the individual to become hyper-vigilant and controlling. Trying to prevent a loved one from experiencing the suffering stemming from his or her substance use may result in an individual being negatively labeled as co-dependent. Rather than viewing this behavior as a negative, it can be seen as a reaction to try to keep the family together (Denning, 2010; Kelly, 2016). Codependence may occur for reasons other than living with someone struggling with a substance use disorder. This may make it difficult to identify a specific reason why an individual

is experiencing codependent behavior, making it hard to provide codependence as a diagnosis for a client (Kelly, 2016).

The *DSM-5* does not include codependency as a diagnosis, and while other mental health disorders share similar traits, which may result in a diagnosis based on symptoms, the mental health disorder diagnosis might not take context into consideration. For example, Dependent Personality Disorder includes many aspects that may be confused with codependence (American Psychiatric Association, 2013). Those features for the personality disorder arise from basic character aspects of the individual and are pervasive, rather than features of codependency arising from the situation of dealing with someone with a substance use issue. However, individuals seeking help may be mistakenly diagnosed with Dependent Personality Disorder.

Some treatment providers urge clients to join self-help groups such as Al-anon, Al-Ateen, Nar-Anon, or Co-dependence Anonymous. However, because some of these groups take a tough love approach, it might be difficult for some friends and family members to watch the addicted person they love struggle with the consequences of an addiction when only this approach is applied (Denning, 2010). Although these groups provide support for families and friends of individuals affected by substance use disorders, the support groups do not provide psycho-education about addiction. Obtaining this education can facilitate an understanding of how addiction is a disease, thus having a better understanding of addiction and how it affects the user.

According to Denning (2010), due to an individual's history of substance use, it may prove difficult and unrealistic to change behaviors with an all or nothing approach of total abstinence in recovery. An alternative method is to provide individuals with a substance use disorder as much support and understanding as possible (Denning, 2010). Changing substance

using behaviors can be a long process, similar to the process of developing a substance use disorder; expecting people to change without difficulty along the way may not allow change or growth to occur (Denning, 2010).

Drug and alcohol abuse can cause damage to many areas of an individual's life including important relationships (Copello, 2010; Husaarts, Roozen, Meyers, van de Wetering, & McCrady, 2011). Substance use can change the dynamics of relationships because one individual may feel the need to increase responsibility for the relationship and it may also escalate any issues that already existed in the relationship. In addition, the minimization of an individual's substance use may cause a loved one to compensate by taking on more responsibility in the family unit, to try to make up for the lack of engagement by the substance user (Husaarts et al., 2011).

By learning more about the family and how substance use is integrated into the family unit, the counselor will be able to formulate a comprehensive treatment plan for the family and the substance user (Downs, Seedall, Taylor, & Downs, 2015). When working with families dealing with substance use, it is important to try to normalize the behavior and help the family know they did not cause the use and they cannot stop it (Denning, 2010; Downs et al., 2015). Programs such as building stronger families (BSF) and family-based recovery (FBR) are programs that allow families to stay together during the treatment as long as the environment is safe (Oliveros & Kaufman, 2011). Together families and providers create safety plans and learn skills to prevent substance use and abuse.

Integrating the family into treatment can be a useful method because it can allow everyone to cope more effectively than they would without the family support (Daley, 2013; Kelly, 2016; Rowe, 2010). Families can be an effective part of treatment by encouraging and

supporting the loved one through the process of recovery, understanding early warning signs of relapse, and helping stabilize the individual with a substance use disorder if a relapse occurs (Daley, 2013).

Benefits of Involving Family in Substance Use Treatment

Standard substance use disorder treatment with a counselor uses individualized treatment to help decrease a client's illicit substance use. Addiction can cause many issues for the individual user, but it can also create many problems within the family or social support systems. Treatment involving family or social supports has the potential to generate harm reduction even if the user is not actively engaged in treatment (Copello, 2010).

Substance use disorders are no longer just an issue for the individual user. Increased awareness shows the impact it can have over families and other areas of support. Including the family in treatment can help make treatment successful for individuals who require extra support (Copello, 2010; Fals-Stewart et al., 2009). Instead of concentrating on substance abuse as solely an individual issue, treatment providers should understand the social piece involved in an individual's use. Social interactions can have a large affect on individual's behavior. It can cause individuals to engage in certain behaviors, seek services for the substance abuse issues, and influence changes in addictive behavior (Copello, 2010).

The inclusion of family in the treatment of substance abuse is not currently used to its full potential (SAMHSA/CSAT, 2004). De Jong and Schout (2011) discuss how family conferences in substance abuse treatment can be helpful in many ways. Not only are family members able to be a resource to help with the actual treatment, but they may also be responsible for establishing boundaries to help deal with the consequences for the addict's behavior (SAMHSA/CSAT, 2004). Even if clients are not ready to engage in treatment, the family can establish a plan and

provide support for the loved one; this support system may help clients seek and engage in treatment, and it can help rebuild relationships (De Jong & Schout, 2011). Although the primary focus remains on the substance abuser and his or her drug or alcohol use, the family members typically have their own goals or issues to work through. The nature of family counseling can provide effective treatment when dealing with substance issues found in a family unit (SAMHSA/CSAT, 2004). With many treatment programs for substance use disorders requiring change over a long time period, regular motivation at various points in the process can increase fidelity and effectiveness (De Jong & Schout, 2011).

Additional interventions that involve the family and other support systems to encourage those with substance use disorders to enter into treatment include community reinforcement, family training, and pressures to change (Copello, 2010; Rowe, 2012). Positive psychology, which focuses on an individual's strengths, emotions, and other areas that improve an individual's quality of life, have proven to be helpful when working with clients dealing with substance use disorders (Koehn, O'Neill, & Sherry, 2012). Motivational interviewing is another effective intervention used in individual substance abuse treatment, and is now being integrated into the family systematic-motivational therapy model (Steinglass, 2009). In this model the therapist works with the family to determine how those with substance use disorders affect the family, the beliefs surrounding why it has become so involved in the family dynamic, and any resources in the family to resolve the substance use issue (Steinglass, 2009). These approaches were established to help provide treatment for those seeking services voluntarily, or, with input from the family, to encourage the client to ask for treatment (Copello, 2010).

Relapse Prevention

When an individual who abstains from the use of any addictive substance then begins using these substances again, whether briefly or for a long period of time, they have experienced a relapse (ASAM, 2011; Clarke & Myers, 2012; NIH, n.d.). One facet of addiction treatment is understanding the importance of relapse prevention, as relapse is a feature often found in individuals struggling with substance use issues. This understanding is also for important for those supporting these individual.

Another important component of working with families is to establish a relapse prevention plan that removes triggers to use or drink, and then to help family members understand that despite all precautions, relapses may occur (Downs et al., 2015). Although relapse is not ideal and may discourage clients, learning individual triggers can allow clients to learn from a relapse rather than remaining stuck in the same patterns of abusing substances and experiencing hopelessness (Clarke & Myers, 2012). A benefit of including family support in treatment might occur when the individual with a substance use disorder is struggling to maintain sobriety or failing to engage in treatment; providers might involve the family to try to bring that individual back into the treatment process (Copello, 2010).

Motivational Interviewing and the Family

One therapeutic intervention used to help individual's struggling with substance abuse enter into and engage in the treatment process is motivational interviewing (MI). The five components of MI, used when the therapist is interacting with the family, include having empathy for the substance user's current situation, confronting the client on their inconsistent behaviors, not discussing reasons for continued substance use, listening to reasons for resistance for change, and supporting the changes the client chooses to make (Erford, 2015; Steinglass,

2009). The use of motivational interviewing can be helpful with substance abuse treatment because it allows the therapist to understand the difficulty an individual might have giving up their substance use and beginning to change behavior, as well as having the ability to begin to make these changes (Erford, 2015; Steinglass, 2009).

The benefit of including motivational interviewing in with the family treatment model is the family may also have these same feelings, which could make it difficult for family members to truly want this change to occur. The therapist may begin to challenge the family beliefs around being unable to stop the substance use because it would prevent the family from functioning (Steinglass, 2009).

Studies of families have shown it is important for them to be organized because it allows them to function. One of the ways families remain organized is by finding equilibrium, which is finding balance. This balance is established by figuring out ways to manage: (a) the typical needs of each member of the family, (b) the daily activities of each family member, and (c) the other challenges that exist within families (Kelly, 2016). Once equilibrium is established, families begin working from a stage of homeostasis. In homeostasis, norms are established and each individual begins to respond and react in predictable ways (Kelly, 2016; Nicholas, 2013). Regardless of the dysfunction that may exist in a family unit, these norms will begin to become a part of the homeostasis in the family (Kelly, 2016; Nicholas, 2013). Change can be difficult in a family, especially when the change requires the involvement of more than one person; therefore it might be necessary for more than one member of the family to help facilitate the change. If the substance user in a family system decides they no longer want to use drugs or alcohol, it is likely the other members of the family will begin to enable them to use substances because change can be too difficult for the family to endure. The change disrupts the family's established

predictability, as even if what was happening in the family was harmful, it was familiar and predictable. This push back from the family can be difficult for the substance user; it may cause them to start using substances again to help maintain the family's homeostasis (Kelly, 2016).

Morphostasis is how a family is able to retain its stability and flexibility. Families have to remain stable and predictable in order for each of the members to function and live their daily lives. It is also important for the family unit to be able to evolve and change based on the developmental stages, which may include a crisis, a loss, or overcoming a dysfunctional pattern. Some families may have no structure where others may have so much structure the family is too rigid to allow changes to occur in the unit. Families who are struggling with substance use may begin to establish rules and expectations to support the substance use. The substance use starts to rule the power dynamics in the family, which may not allow the family to meet the needs of each individual family member in healthy way because substance use is the center of the family structure (Kelly, 2016).

As families start to cultivate their family life around the substance use, dysfunctional patterns start to develop, which can include denial, shame, and control. Denial occurs when individuals do not accept reality or completely deny the issue actually exists. Families being ruled by an individual's substance use may deny the problem even exists or minimize the individual's use. This is done to protect the family and the true emotions that exist around the substance use. Establishing the substance use as a secret can be extremely damaging, especially with children because not talking about it does not allow individuals to process the situation and takes away any outlet they may have to deal with these issues (Kelly, 2016). Some families need to work through the losses that have occurred as a result of the substance use. The parents may

grieve the idea they do not have a perfect family; the user may feel a void when they stop using drugs and alcohol (Downs et al., 2015).

Shame typically evolves from keeping the secret of the substance use disorder (Kelly, 2016). This can instinctively cause a shame response in people because it is unusual to keep secrets for extended periods of time. Continuing to keep a secret informs the family that there is something shameful about the secret that is being kept. Shame can affect all family members and its impact can negatively affect the development of different individuals (Kelly, 2016).

Control evolves from the combination of denial and shame. Families may establish strict rules and boundaries that cannot be changed due to the substance use. Others may have no boundaries, which can cause individuals to feel like control can never be possible, which can cause anxiety. Control may also prevent individuals from freely expressing themselves. Both types of control can prevent members of the family from establishing a real connection with others in the family unit (Kelly, 2016).

The basic goals for most family based therapies in which abstinence is a focus is first to work to support the substance user, then begin to implement changes in the family to help individuals maintain sobriety, and later improve the family's ability to facilitate change in the environment (Fals-Stewart et al, 2009; Rowe, 2010). The family systems approach allows the therapist to be understanding and move with the family process without becoming a part of the family unit (McGoldrick, Giordano, & Garcia-Preto, 2005).

Trauma

According to Hedges (2011), in the US it is projected that 8.3 million children under the age of eighteen live in a household where at least one parent has abused drugs or alcohol within the last year. Mothers who abuse alcohol or drugs may have experienced sexual, emotional, and

physical abuse during their childhood, while fathers with substance use issues are more likely than others to have experienced physical abuse during childhood (Taplin, Saddichha, Li, & Krausz, 2014). Children with parents abusing drugs and alcohol may be subjected to neglect, may not have stability in their lives, may have psychological issues, may display antisocial behavior, may become victims, and may use substances themselves (Hedges, 2011; Taplin et al., 2014). Based on the theory of habitus, an individual's socialization is established through their experiences, habits, or repetitive actions (Hedges, 2011). The environment an individual grows up in typically creates their values, norms, and behaviors. Children who grow up in a home where drugs and alcohol are used may consider this behavior to be normal for adults (Hedges, 2011; Taplin et al., 2014).

The longer these individuals are exposed to the behaviors of the person with the substance use disorder, the more accepting they are of this behavior, regardless of the negative consequences or influence it may have over their lives. Parents who are addicted to drugs or alcohol are not always able to maintain their responsibilities, which include not being able to take care of their children. This lack of ability to raise their children may cause a role reversal to take place. The child may begin to take on the responsibilities of the parent. Instead of taking care of the child, the child may start taking care of the parent (Hedges, 2011; Kelly, 2016). Children who begin taking care of their parents at an early age begin to develop maladaptive traits. These traits could include feeling insufficient, hopeless, depressed, or anxious, or they may have conduct issues or use substances themselves. Older siblings may start to take care of the younger siblings in the family if the parents are unable to do so. Females are more likely than males to take on the parental roles (Hedges, 2011).

Abuse and neglect can have lasting effects on individuals both psychologically and physically throughout their lifetime (Giordano, Ohlsson, Kendler, Sundquist, & Sundquist, 2014). The Adverse Childhood Experiences (ACE), a general population survey conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, can be used to help determine an individual's health and well being throughout their life by measuring the number of adverse childhood experiences (Rosenberg, 2011). Individuals who have had a high number of adverse experiences show an elevated risk for negative outcomes compared to those with fewer adverse childhood experiences. Those who have been exposed to four or more different categories on the ACE's survey were more likely to have issues with mental health and physical health issues, including high rates of substance abuse and suicide attempts (Rosenberg, 2011). Trauma is typically not discussed openly because of the guilt and shame associated with it (Rosenberg, 2011). It is assumed this should be kept secret due to the denial people may maintain that the event even occurred in their life. When trauma is not discussed it may be more harmful because it does not allow the individual to learn how to cope with their trauma and they may be reliving their trauma by not having an opportunity to talk about it (Rosenberg, 2011).

Incorporating families into substance abuse treatment, especially for individuals who grow up exposed to substance use by family members, is important because it can help change the behaviors of others in their environment. This integration can help everyone in the family unit begin to change their thoughts and behaviors about substance use and it can be done openly as a unit. This can also help families determine together what their new normal will look like after treatment is finished (Hedges, 2011; Zweben et al., 2015).

Individuals who experience severe traumas, such as sexual assault, domestic violence, child abuse and neglect, or who have witnessed excessive violence during their childhood are

more likely than others to be involved in the use of drugs and alcohol, depression, or suicide attempts (Giordano et al., 2014; Rosenberg, 2011; Taplin et al., 2014). Exposure to violence is typical for many mental health clients, with about 90% of clients reporting having some type of exposure to traumatic experiences in their lifetime. About 75% of individuals struggling with substance abuse have reported trauma histories (Rosenberg, 2011).

Harm Reduction versus Abstinence

Individuals who are not allowed to use drugs or alcohol in treatment, and the focus for the future is on never using again, are being treated with the abstinence model. Individuals who are receiving treatment to cut back on drug and alcohol use to reduce the negative impact of symptoms are being treated using the harm reduction model. The harm reduction model is typically used when complete abstinence is not possible. The abstinence model emphasizes the importance of an individual totally abstaining from the use of drugs and alcohol. The harm reduction model encourages individuals to decrease their use of drugs and alcohol. The harm reduction model also helps to decrease an individual's risky thought and behavior patterns (McKeganey, 2012). It is uncommon for substance users to stop using drugs and alcohol in a short period of time. It takes time for an addiction to become a serious issue and disruptive in an individual's life. Establishing this expectation may set the substance abuser and their families up for disappointment (Denning, 2010).

Families with loved ones struggling with addiction may have a difficult time finding healthy ways to cope with this struggle. Harm reduction can be applied to substance abuse treatment that integrates families. The benefit of harm reduction for the substance user is that it allows individuals to make decisions, and hopefully they will choose something that will do less harm (Denning, 2010). In this way it can provide the client with patience and allow the provider

the ability to meet the client where they are at instead of placing expectations on them and the goals they should be meeting (Blume & Lovato, 2010).

Using the harm reduction model with families allows everyone to be accountable for their actions and decisions. Empowering everyone involved to make their own decisions may give all involved a level of understanding they might not have otherwise (Denning, 2010). Although the loved ones of substance abusers may have a new outlook on the situation, it does not mean they should not set boundaries. Boundaries can teach people how their actions and decisions affect others. It could also help protect individuals from setting unrealistic goals or expectations on themselves or others (Denning, 2010).

Harm-reduction models teach individuals suffering from substance use disorders that abstinence is not the only method to treat addiction (Denning, 2010; MacMaster, 2004). This idea may be more manageable for individuals who are beginning to look at the issues they have with drugs and alcohol. Harm reduction helps clients start to think about what is best for their well being (MacMaster, 2004). It can also be very empowering for the client, which could be necessary for these individuals to successfully complete treatment (Blume & Lovato, 2010). As time progresses, harm reduction can evolve into total abstinence. Using this model allows clients to enter treatment where they are and does not place expectations on their behavior (MacMaster, 2004).

Barriers for Families Seeking Treatment

Despite understanding how families can be affected by drug and alcohol use, there are not many options available for the family who wants to be involved in the treatment of a loved one (American Psychological Association, 2015). Although integrating close family into treatment can be an effective method to help maintain long term sobriety, due to the lack of

emotional or social engagement, and possible financial issues, it may be difficult for the family to fully engage in the treatment process (Hussaarts et al., 2011). Lack of resources available either due to cost or services being unavailable, transportation, childcare, identifying the substance abuse issue, and the users level of acceptance or willingness for treatment are additional barriers (Wisdom, Cavaleri, Gogel, & Nacht, 2011).

All therapists are required to provide equal treatment to individuals whenever possible (Corey, Corey, & Callahan, 2011; Whittinghill, 2002). Some inpatient programs may have a requirement of family participation as a part of specific treatment programs. Individuals who do not have the ability to have a family be a part of treatment may not be admitted into these inpatient treatment programs because of the lack of family involvement (Whittinghill, 2002). It is important for therapists not to place expectations on the client including the type of family they would like to involve into treatment, regardless if it is the family of their choice or a blood relative (Whittinghill, 2002).

Therapists are required to do the best they can for their clients and only work within their scope of practice (Corey et al., 2011). When substance abuse counselors incorporate families into treatment, they may be working outside of their training. Counselors who have not received specific training to work as a family and marriage counselor at a substance abuse facility may do harm to their clients by providing family counseling to the substance user. These clients are typically dealing with many different issues at the same time and it is important to focus on each issue individually instead of only treating the substance use issue through family counseling (Whittinghill, 2002).

Using only the family disease model of addiction, which looks at not only the actions of the substance abuser but also the family, may not be beneficial to the client because it does not

allow members of the family to discuss the real issues that are occurring among the family (Whittinghill, 2002). Instead it can allow family members to blame themselves for the drug use and the reasons for the user's continued use. It is important for the therapist to determine if it is appropriate for the entire family unit to take part in the substance abuse treatment and the treatment does not benefit only one member (Whittinghill, 2002).

Current Practices

Denning (2010), established a harm reduction family group to help individuals with substance users in their lives. The group was designed to be a support group instead of a therapy group, but quickly turned into a therapy group. The goals of the group were to learn to (a) use harm reduction in multiple areas in their lives, (b) help others make healthy choices in their lives, (c) provide understanding to their loved one, (d) provide support outside of 12-step groups, and (e) help individuals stop their codependent behaviors.

The members of this type of group often have similar experiences that cause them to feel guilt, shame, resentment, and confusion that could develop into hopelessness. These experiences may be very similar for the substance users, but look different to those who are not addicted. Those with addictions typically struggle with making and keeping promises, and finding hope when they feel hopeless and angry (Denning, 2010). Family members may find it hard not to feel guilt or shame about their part in the behavior of a family member with an addiction, which can make them feel responsible for their loved one's use. Learning to detach with love from these situations can be an empowering and healing method (Denning, 2010).

Another method used to help families and friends of substance users who are struggling with addiction to help them take care of themselves and make healthy decisions is the Community Reinforcement and Family Therapy (CRAFT) approach (Alcoholism & Drug Abuse

Weekly, 2015). This approach has been helpful in getting individuals engaged in the treatment process, even if there is resistance. Family members provide the addict with positive reinforcement by modeling sober behaviors. This could include making their favorite meal, concentrating on self-care, or establishing support systems and understanding outside of the family unit, which could include Alanon. CRAFT includes psychoeducation to help families who have been devastated by the effects of addiction, and is usually made up of a group of 15 to 30 participants. This approach uses a cognitive-behavioral approach to teach members of the family new ways to cope with addiction.

Behavioral couples therapy (BCT) is a substance use therapy intervention used for married or individuals in long term relationships (Fals-Stewart et al., 2009). This intervention includes both the substance user and their partner in treatment to improve their relationship by incorporating constructive activities, as well as cultivating communication between the couple. It also increases the support to help the user achieve abstinence. Long-term sobriety is achieved through the creation of a recovery contract, which is created by the couple. This contract is an active recovery program to help both individuals attain and preserve sobriety.

The systematic-motivational therapy (SMT) model focuses on the interactions in a family system and on the relations between each family member, as well as the relationship with substance use as a unit (Steinglass, 2009). The therapist collects information to conclude how the substance use affects the family, what the beliefs are for the substance use, and looks for resources in the family system that may help resolve the issue of substance abuse (Steinglass, 2009). The SMT approach is used to decide the needs of the entire family. The therapy will help determine what the family attitude is regarding substance abuse, and why they are currently in

treatment. The family unit will decide how to actively speak about how substance use is affecting the family unit (Steinglass, 2009).

Treatment Costs

In the United States substance use can be costly. According to the Nation Institute on Drug Abuse (2015), substance use costs are over \$700 billion annually. This cost includes criminal activity associated with substance use, loss of work productivity, and the cost of health care (NIH, 2015). In the year 2013, it is estimated that 24.6 million individuals, 12 years old or above, qualified for a substance use disorder based on their illicit drug use. About 60.1 million individuals in the same age group qualified due to their binge drinking based on the National Survey on Drug Use and Health Survey (SAMHSA, 2014). Due to the high costs of alcohol and drug treatment, it is important to find the most effective and least expensive treatment available. As the inclusion of family in treatment for substance use disorders becomes more accepted and successful, examining the cost effectiveness of this treatment and availability to the client will become increasingly more significant (Morgan et al., 2013). The inclusion of family in substance use treatment may be necessary to provide clients with adequate care (Morgan et al., 2013).

Research by Morgan and colleagues (2013) showed that individuals who participated in family therapy used the fewest number of sessions compared to individual therapy or mixed therapy. Mixed therapy is combination of different therapeutic interventions; an example of this could be the use of individual and group therapy. As such, family therapy was the least expensive therapy available, followed by individual therapy, and mixed therapy. Additionally individuals who included their families in their counseling experiences were less likely to relapse than individuals who only participated in individual therapy (Morgan et al., 2013).

Family therapy is not only an effective option for substance users to achieve long-term sobriety, but due to the amount of money clients and insurance companies can save on treatment, family therapy should be considered an option (Morgan et al., 2013; Morgan & Crane, 2010). This savings applies to those with a single diagnosis as well as therapy for individuals with multiple diagnoses. Since individual therapy participants have a higher likelihood of relapsing, it is possible there may be something missing in their treatment that they are possibly getting through the addition of family counseling (Morgan et al., 2013).

Family system treatment, not only has to be clinically effective, it appears cost effective for a financially sensitive health care system (Morgan & Crane, 2010). The inclusion of families in substance abuse treatment has been found effective in providing the tools for maintaining long-term sobriety because it has the ability to heal the family as a whole and establish strong support systems for the substance user. When reporting treatment effectiveness, cost effectiveness should also be considered to help determine the overall benefits of a treatment intervention (Morgan & Crane, 2010).

Basic Application

After compiling this research, a training on the importance of integrating social supports into substance use disorder treatment was developed. The training targets local providers who work or who are associated with substance use disorder treatment. This one-hour training will be offered to local providers who will be invited through email, phone calls, or flyers. The training will include (a) a definition of substance abuse, (b) specific treatments that are used to treat it, (c) why are families not incorporated in treatment, (c) the family theories, (d) what is currently being used when working with families, and (e) the cost of family incorporation.

The purpose of this training is to help providers think of new and different ways to include more social support into a substance users treatment.

Conclusion

The dynamics of a family can be very complex. Working with families can be a difficult because of the protective factors they establish within the family unit. Allowing the family to continue to protect a substance use disorder may cause members of the family to struggle with denial, control, and shame (Kelly, 2016). As the family unit continues to normalize and reward the substance use, the substance use may become a normal part of the family. As counselors it is important to consider culture and trauma when working with families. Not doing this can prevent the substance user from being able to maintain long-term sobriety after treatment.

Providing a holistic treatment approach should be used when working with families (Bartlett et al., 2013). It is important to meet the clients where they are instead of assuming where they are or assuming where they should be when working dealing with these issues. Providing an individualized plan for each family that enters into treatment can help substance users to agree to treatment and remain engaged throughout the entire process (Copello, 2010). Due to the impact family can have over a substance users outcome in treatment, the incorporation of family may increase an individual's chances of achieving long term sobriety. It may also be considered more ethical when working with this population because it allows the family unit to heal with the substance user and allows the family to make changes simultaneously instead of placing specific expectations on how the substance user should be because they are no longer using drugs or alcohol (Hedges, 2011).

Substance use is family disease. Not only can it change the life of the individual who is using drugs and alcohol, but it can also alter the lives of those closest to them. Once the

substance use stops, life does not go back to the way it was before or become the life individuals have always hoped for. The integration of families into substance abuse treatment can allow for a deeper exploration of determining what the new normal is after the using stops. Providing treatment for families suffering from substance use issues may also provide an understanding and support system that may not be available otherwise (Copello, 2010; Denning, 2010).

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Substance Use

Substance use is a complex phenomenon that involves the use of psychoactive substances for various reasons, including recreation, self-medication, and socialization. It is a global public health problem that affects millions of people worldwide. The use of substances can lead to a range of negative consequences, including physical and mental health problems, social and family issues, and legal problems.

The most commonly used substances are alcohol, tobacco, and drugs. Alcohol is the most widely used substance, followed by tobacco. Drugs are used by a smaller number of people, but they can have more severe consequences than alcohol and tobacco. The use of substances is often associated with other risk factors, such as mental health problems, social isolation, and poverty.

There are many different types of substances, each with its own unique effects and risks. Some substances, such as alcohol and tobacco, are legal and widely available. Others, such as drugs, are illegal and more difficult to obtain. The use of substances can be a complex and challenging issue for many people, and it is important to seek help if you are struggling with substance use.

Substance Use and Mental Health

Substance use and mental health are closely linked. The use of substances can lead to mental health problems, and mental health problems can lead to substance use. This is a complex relationship that is often difficult to understand. There are many factors that can contribute to this relationship, including genetics, environment, and social factors.

One of the most common mental health problems associated with substance use is depression. The use of substances can lead to feelings of sadness, hopelessness, and loss of interest in life. This can be a sign of depression, and it is important to seek help if you are experiencing these symptoms. Other mental health problems that can be associated with substance use include anxiety, bipolar disorder, and schizophrenia.

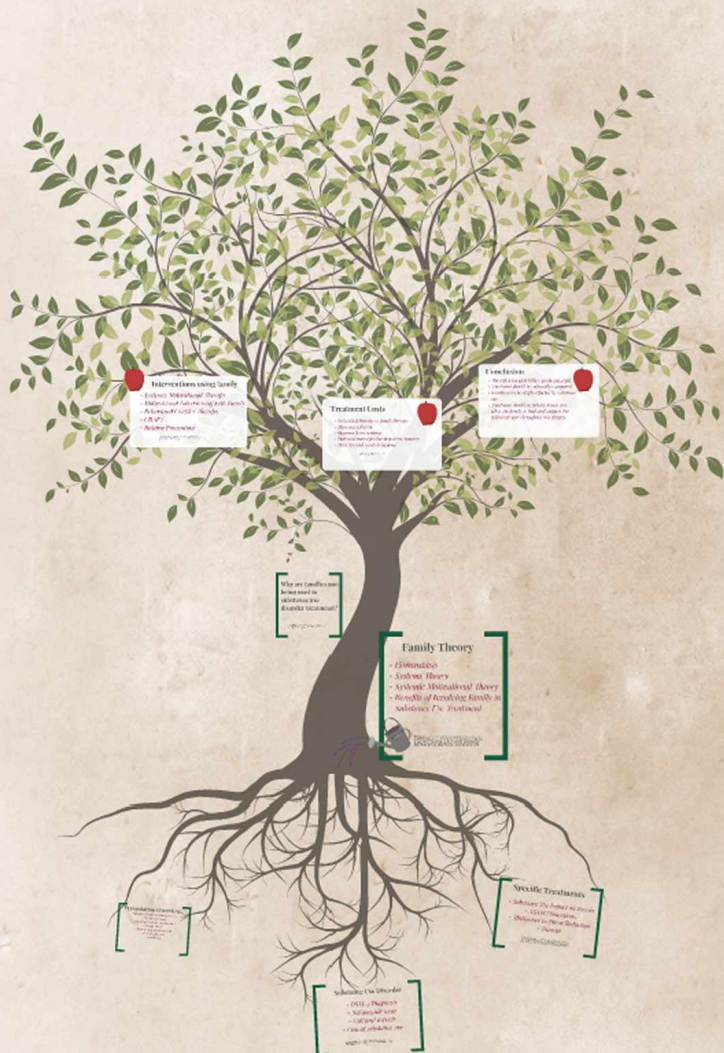
It is important to understand that substance use and mental health problems are not just individual issues. They are often the result of a combination of factors, including genetics, environment, and social factors. This means that treatment for these problems often needs to be comprehensive and address all of these factors.

Substance Use and Social Issues

Substance use is often associated with social issues, such as poverty, social isolation, and discrimination. These social issues can contribute to the use of substances, and the use of substances can further exacerbate these social issues. This is a cycle that is often difficult to break.

For example, people who are living in poverty may have limited access to resources, such as food, housing, and healthcare. This can lead to stress and frustration, which can increase the risk of substance use. Similarly, people who are experiencing social isolation or discrimination may turn to substances as a way to cope with their feelings.

It is important to recognize that substance use is not just an individual problem. It is often a reflection of larger social issues, and addressing these social issues is an important part of addressing substance use.



Integrating Family
Systems into Substance
Use Treatment

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Substance Use

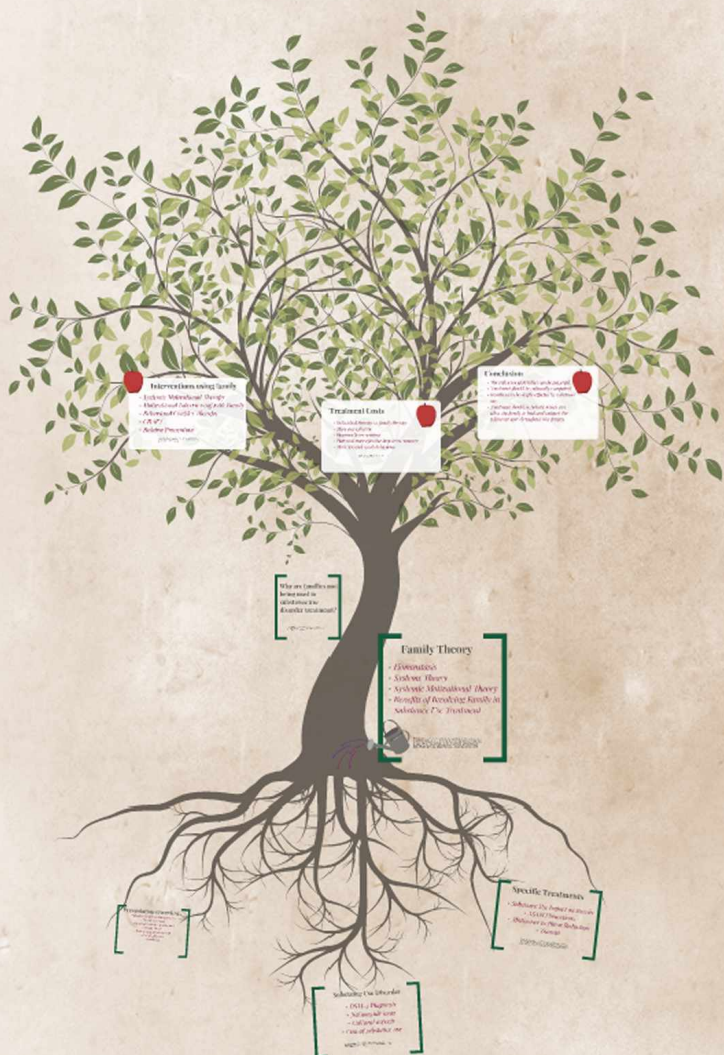
Substance use is a complex phenomenon that involves the use of psychoactive substances to alter one's state of mind. It is a global health problem that affects millions of people worldwide. The use of substances can lead to a variety of physical and mental health problems, including addiction, liver disease, and mental illness. The use of substances can also lead to social and economic problems, such as unemployment and homelessness. The use of substances is a complex phenomenon that involves many factors, including genetics, environment, and social norms. The use of substances is a global health problem that affects millions of people worldwide.

Substance Use and Mental Health

Substance use and mental health are closely linked. The use of substances can lead to a variety of mental health problems, including depression, anxiety, and schizophrenia. The use of substances can also lead to a variety of physical health problems, including liver disease, heart disease, and cancer. The use of substances is a complex phenomenon that involves many factors, including genetics, environment, and social norms. The use of substances is a global health problem that affects millions of people worldwide.

Substance Use and Social Norms

Substance use is often influenced by social norms. In many cultures, the use of substances is seen as a normal part of life. In other cultures, the use of substances is seen as a taboo. The use of substances is a complex phenomenon that involves many factors, including genetics, environment, and social norms. The use of substances is a global health problem that affects millions of people worldwide.



Integrating Family
Systems into Substance
Use Treatment

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Presentation Overview

- *Introduce Problem of Substance Use*
 - *Specific treatment*
- *Why families are not incorporated*
 - *Family Theory*
- *What is currently being used*
 - *Cost effectiveness*
- *Conclusion*

Substance Use Disorder

- *DSM-5 Diagnosis*
- *Nationwide issue*
- *Cultural aspects*
- *Cost of substance use*

American Psychiatric Association, 2013; Chia-Chen Chen, Gance-Cleveland, Kopak, Haas, & Gillmore, 2010; Kelly, 2016; NIH, 2015; Pacek, Malcom, & Martins, 2012; SAMHSA, 2015)

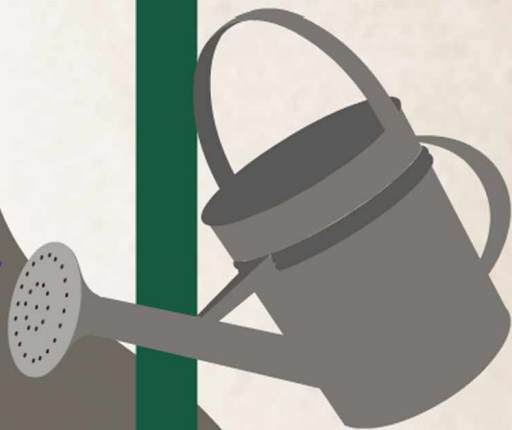
Specific Treatments

- *Substance Use Impact on Family*
 - *ASAM Dimensions*
- *Abstinence vs Harm Reduction*
 - *Trauma*

American Psychiatric Association, 2013; American Society of Addiction Medicine, n.d ; Blume & Lovato, 2010; Copello, 2010; Daley, 2013; Denning, 2010; Downs, Seedall, Taylor, & Downs, 2015; Fals-Stewart et al., 2009; Giordano, Ohlsson, Kendler, Sundquist, & Sundquist, 2014; Hedges, 2011; Hussaarts, Roozen, Meyers, van de Wetering, & McCrady, 2011; Kelly, 2016; MacMaster, 2004; McKeganey, 2012; Oliveros & Kaufman, 2011; Platter & Kelley, 2012; Rosenberg, 2011; Rowe, 2010; Taplin, Saddichha, Li, & Krausz, 2014; Zweben et al., 2015

Family Theory

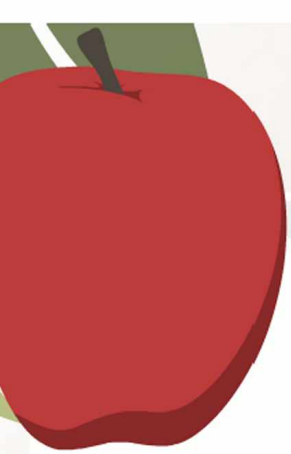
- *Homeostasis*
- *Systems Theory*
- *Systemic Motivational Theory*
- *Benefits of Involving Family in Substance Use Treatment*



Bertrand et al., 2013; Copello, 2010; Denning, 2010; Downs et al., 2015; Fals-Stewart et al., 2009; Kelly, 2016; McGoldrick, Giordano, & Garcia-Preto, 2005; Nicholas, 2013; O'Farrell & Fals-Stewart, 2006; Platter & Kelley, 2012; Ruff et al., 2010; Steinglass, 2009

Why are families not being used in substance use disorder treatment?

American Psychological Association, 2015; Corey, Corey, & Callahan, 2011; Hussaarts et al., 2011; Whittinghill, 2002; Wisdom, Cavaleri, Gogel, & Nacht, 2011

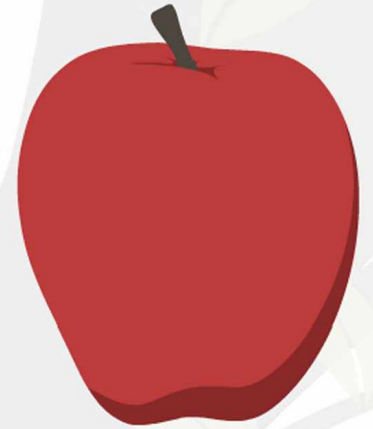


Interventions using family

- *Systemic Motivational Therapy*
- *Motivational Interviewing with Family*
- *Behavioral Couples Therapy*
- *CRAFT*
- *Relapse Prevention*

Alcoholism & Drug Abuse Weekly, 2015; ASAM, 2011; Clarke & Myers, 2012; Copello, 2010; Denning, 2010; Downs et al., 2015; Erford, 2015; Fals-Stewart et al., 2009; NIH, n.d.; Steinglass, 2009

Treatment Costs



- *Individual therapy vs family therapy*
- *More cost effective*
- *Requires fewer sessions*
- *Potential more effective long term recovery*
- *Most research needs to be done*

Morgan et al., 2013; Morgan & Crane, 2010; NIDA, 2015;
NIH, 2015; SAMHSA, 2014

Conclusion

- *The influence of families can be powerful.*
- *Treatment should be culturally competent.*
- *Families can be deeply effected by substance use.*
- *Treatment should be holistic which can allow the family to heal and support the substance user throughout this process.*



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Sub-branches

Family Therapy is a branch of psychology that focuses on the relationships between family members and how these relationships can affect an individual's mental health. It is a form of psychotherapy that is based on the idea that the family is a system and that the individual is a part of that system. Family therapists work with families to help them understand their relationships and to make changes that can improve their mental health.

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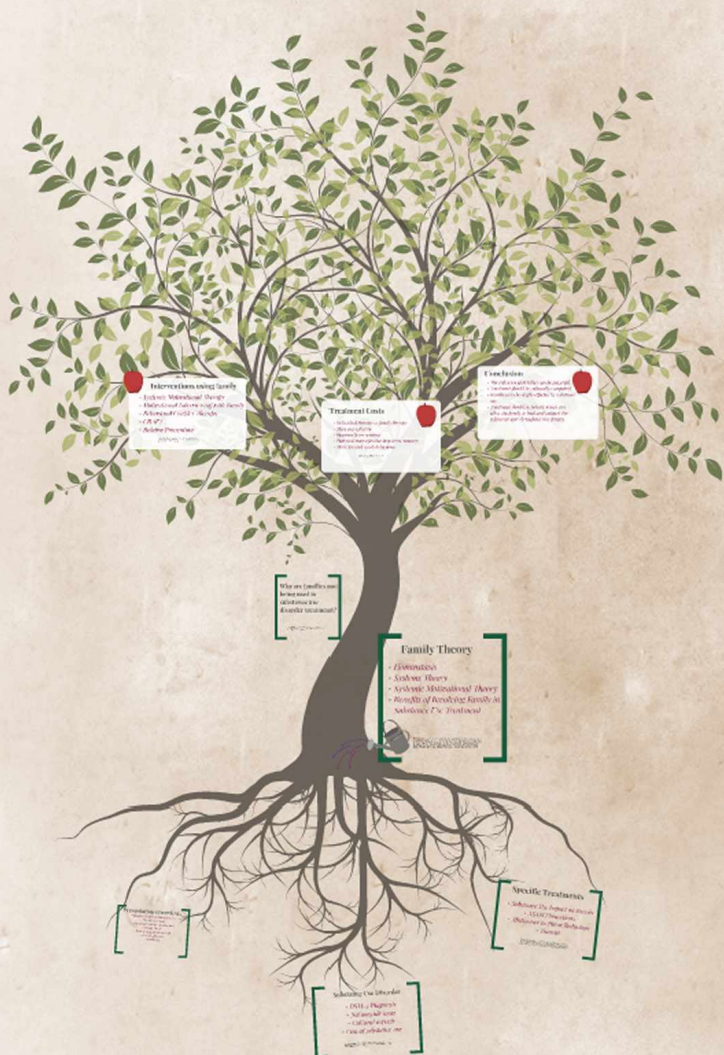
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Integrating Family
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